



## Assessment Readiness Review Checklist

Please complete this checklist and attach the requested documents to: **Insert APA EMAIL and ASSESSOR** Email no later than 30 days prior to the start of your assessment or by **Indicate date here**. Failure to submit these required documents may result in the cancellation of your assessment.

Company Name: \_\_\_\_\_

Required Documents to be Submitted	(CAB)/(LAB) Please include appropriate document numbers and add other comments as necessary	Assessor Comments (must be completed for each assessment)
1) Quality Manual		
2) Internal Audit completed within the last 12 months		
3) Management Review Completed within the last 12 months		
4) Measurement Uncertainty Data/Budgets for all areas of your scope of accreditation		
5) A) At least 1 round of completed proficiency test (s) within the last 6 months for all parameters on your scope of accreditation; for accredited laboratories please provide the PT as scheduled on your PT plan that should include at least 2 rounds conducted within 6 months apart (Refer to PL-1 for additional information on this requirement)  B) Please include any updates to your PT plan. Note for initial accreditation assessments a PT plan must be available for the assessor to review. A template of a PT plan can be found on our website on Proficiency testing (LF-81).		
6) Master Listing of Documents note- not all procedures need to be included only a listing		
7) For initial accreditation clients only-LF-562kmed Checklist-Note this checklist		



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<p>should include details i.e. procedure names, dates, person names. Please avoid Y/N only For initial clients this should be completed in its entirety;</p>		
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B.

- 1) Attached is your preliminary scope of accreditation. Comments may be made from our program manager that will need to be addressed prior to your assessment. If no comments are made this will be provided to your assessor for confirmation. Please indicate below or attach any revisions to your initial scope of accreditation:

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\_\_\_\_\_ I have reviewed the proposed scope and confirm this is accurate for my assessment.

- 2) For accredited facilities please attach or note below any changes needed on your current scope of accreditation i.e. additional tests, methods, techniques, equipment, detection limits, ranges etc. Indicate N/A if no changes has occurred.

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- 3) Please indicate any major changes that may have occurred from your initial application or last assessment (i.e. company name, laboratory staff impacting your accreditation, address changes, ownership change)-Note per PJLA Procedure SOP-1 it is a requirement to inform PJLA of all major changes. Indicate N/A if no changes has occurred.

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\*Note please visit the PJLA website under the resource section to download forms mentioned above <http://www.pjlabs.com/resources> . All clients need to adhere to PJLA policies on proficiency testing (PL-1), traceability (PL-2), measurement uncertainty (PL-3), scope of accreditation testing (PL-4) and PJLA Procedure for the usage of accreditation symbols and language (SOP-3). Adherence to these policies and procedures will be assessed at your assessment. Failure to adhere to these documents will result in a finding. \*

Submitted by: \_\_\_\_\_

Date: \_\_\_\_\_



## Assessment Readiness Review Checklist

C.

**\*PJLA Internal Use Only\***

I reviewed the above documents and recommend that the client **proceed** or **do not proceed** with an on-site assessment.

If you circled do not proceed, please provide your reasoning below:

Lead Assessor Signature: \_\_\_\_\_ Date: \_\_\_\_\_